

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

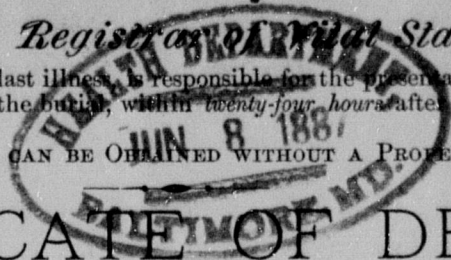
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 241 Office of Registrar of Vital Statistics. Ward 10<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, June 6, 1887

Full Name of Deceased, Mr J H Morris  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 58 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, Real Estate Agent

Birth Place, Baltimore  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 315 N Pennsylvania St  
{ Give Street and Number. }

Cause of Death, Softening of the Brain  
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, June 8th 1887

Undertaker, Stewart & Meowen Thos Bork M. D.  
Medical Attendant.

Place of Business, 215 & 217 Park Ave Address, 57 E Howard St  
At Royal & Boundary avens

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 242 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Tuesday, June 7th, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie P. Wood.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 Years, 10 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 1006 Hornet Place

Cause of Death, { First (Primary), Second (Immediate), } Pharyngeal & Nasal Diphtheria  
Blood poisoning & Exhaustion

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, June 8<sup>th</sup> 1887

Undertaker, Evans & Spence Wichner Dintou M. D.

Medical Attendant.

Place of Business, 1000 E. Baltimore Address, Chas St & Hornet Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 243 Office of Registrar of Vital Statistics. Ward 18<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the completion of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, June 6<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Brown.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 4 Months, \_\_\_\_\_ Days.

Color, Black

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_  
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 855 Stockholm St

Cause of Death, { First (Primary), Second (Immediate), } Marasmus since birth - 4 mos. Exhaustion

Duration of Last Sickness, 24 mos.

All the above information should be furnished by the Physician.

Place of Burial, Harford County

Date of Burial, June 8 1887

{ Undertaker, H. Ross

J. J. Flannery M. D.  
Coroner

{ Place of Business, 404 E. Calver St Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 244 Office of Registrar of Vital Statistics.

Ward 5<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 7<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbara Stadelmeyer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 Years, 10 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give Street and Number. } 1101 E. Eager St.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis pulmonis  
Miliary Tuberculosis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 9<sup>th</sup>

Undertaker, Geeschilling J. M. Gombel M. D. Medical Attendant.

Place of Business, Island Square Address, 610 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 245 Office of Registrar of Vital Statistics. Ward 2<sup>c</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 7/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry James

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 Years, 4 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single ✓

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give Street and Number. } 522 S. Bethel St

Cause of Death, { First (Primary), Second (Immediate), } Diarrhoea (Gastro Enteritis)  
Aschemia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical cem

Date of Burial, June 8<sup>th</sup> 1887

{ Undertaker, H. Pander & Son Res. E. Gibbons M. D.

Medical Attendant.

{ Place of Business, 1710 Canton Ave Address, 833 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. A 246

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 6<sup>th</sup> 1887  
Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Mary Elizabeth Kremer  
Sex, Male or Female, (Cross out the word not required in this line.) Female  
Age, 61 Years, 10 Months, 25 Days.  
Color, White

Married, Single, Widow or Widower, (Cross out the words not required in this line.) Widow

Occupation, Storekeeper

Birth Place, (State or country, and how long in the United States, if of foreign birth.) Germany

Duration of Residence in the City of Baltimore, About 38 years

Place of Death, (Give Street and Number.) 2420 Canton Avenue

Cause of Death, (First (Primary), Second (Immediate),) Typhoid Fever  
Exhaustion

Duration of Last Sickness, About 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Street

Date of Burial, June 9<sup>th</sup> 1887

Undertaker, H. Sander & Son James J. McKane M. D.

Place of Business, 1410 Canton Ave Address, 2225 E. Pratt Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

# Health Department, City of Baltimore.

Permit No. A 247 Office of Registrar of Vital Statistics. Ward 8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE GRANTED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 7<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Berslerman

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, 10 Years, 10 Months, ✓ Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md -

Duration of Residence in the City of Baltimore, 10 months

Place of Death, { Give Street and Number. } 1011 Adgait St.

Cause of Death, { First (Primary), Marasmus }  
Second (Immediate), 3 months

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Church

Date of Burial, June 9, 1887

{ Undertaker, Henry Hoeshke Son } R G Rankin M. D. Medical Attendant.

{ Place of Business, 1023 N Central Ave } Address, Harvey, Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 248 Office of Registrar of Vital Statistics. Ward 1<sup>st</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Saphronia Winstead

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 26 Years, 4 Months,  Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 9 yrs.

Place of Death, { Give Street and Number. } 2010 Eough St.

Cause of Death, { First (Primary), Second (Immediate), } Dyslexia  
uraemic poisoning

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Old M. E. Cem.

Date of Burial, June 9<sup>th</sup> 1887

Undertaker, E. France

Place of Business, 330 N. 8<sup>th</sup> St. Address, 129 St Broadway

R. W. Mansfield M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 249 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 6<sup>th</sup> 1887

Full Name of Deceased, Anna Lapp { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female { Cross out the word not required in this line. }

Age, 33 Years, 7 Months, 22 Days.

Color, White

Married, Single, Widow or Widower, married { Cross out the words not required in this line. }

Occupation, none

Birth Place, Baltimore City { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, since born

Place of Death, 508 S. Port St { Give Street and Number. }

Cause of Death, Traumatic Tetanus { First (Primary), Second (Immediate), }

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, June 9<sup>th</sup> 87

{ Undertaker, G. France } { Lever J. Dausch M. D. } Medical Attendant.

{ Place of Business, 320 N. Wolfe St. } { Address, 1727 E. Baltimore }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 250

Office of Registrar of Vital Statistics.

Ward 1<sup>st</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 8<sup>th</sup> 87  
Full Name of Deceased, Simon Lethelmeyer  
Sex, Male or Female {Cross out the word not required in this line.}  
Age, 61 Years, 8 Months, — Days.  
Color, White  
Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓  
Occupation, Shoemaker  
Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany  
Duration of Residence in the City of Baltimore, 35 years  
Place of Death, {Give Street and Number.} 302 S. High St.  
Cause of Death, {First (Primary), Acute perniciosa? Anemia  
Second (Immediate), Chorea}  
Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.  
Date of Burial, June 10<sup>th</sup> 87  
{ Undertaker, G. France }  
{ Place of Business, 37 N. & W. St. Address, 1123 S. Baltimore St. }  
Medical Attendant, Plattner M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]